

## Filing Date Application Number **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 52 31 Total Total Indep Indep Total Total Depend Depend Total Claims Total

Claims